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| 0001/PTO<br>Rev. 10/95                   | U.S. Department of Commerce<br>Patent and Trademark Office | Application Number    | 10/600,903             |             |
|  |  | Filing Date           | June 19, 2003          |             |
|  |  | First Named Inventor  | Ka Shun Kevin Fung     |             |
|  |  | Group Art Unit Number | 3624                   |             |
|  |  | Examiner Name         | Not yet known          |             |
| Total Number of Pages in This Submission |  | 2                     | Attorney Docket Number | 23876-09107 |

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|--------------------------------|----------------------------------|--------|--------------|
| Signature:                     |                                  |        |              |
| Attorney/Reg. No.:             | Michael W. Farn, Reg. No. 41,015 | Dated: | JUNE 9, 2004 |

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| Express Mail Mailing Number (optional):   |                 |        |              |



# REVOCATION AND SUBSTITUTE POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/600,903         |
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| First Named Inventor   | Ka Shun Kevin Fung |
| Group Art Unit         | 3624               |
| Examiner Name          | Not yet known      |
| Attorney Docket Number | 23876-09107        |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioner(s) named below:

| Name                | Registration Number |
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| Michael W. Farn     | 41,015              |
| Greg T. Sueoka      | 33,800              |
| Jennifer R. Johnson | 50,784              |

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Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name

Ka Shun Kevin Fung

Title

Signature

Date

5/24/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.